



**City of Maple Grove
Volunteer Application
Tree Inventory Project**



City of
Maple Grove
Tree Inventory



Date _____

Name _____ Male _____ Female _____

Street address _____ City _____ Zip _____

Main phone _____ Alternate phone _____ Email _____

Over 18 (yes or no) _____ Employer _____ Occupation _____

Age if under 18 _____ (Must be 16 yrs or older) School _____

Special training/skills _____

Volunteer experiences (agency name, duties, # of years) _____

Availability: days _____ evenings _____ weekends _____

Type of volunteer opportunity seeking (be as specific as possible) Tree Inventory

Special needs _____

Person to notify in an emergency _____ Phone _____ Relationship _____

References (other than relatives)

1.Name _____ Relationship _____ Phone _____ Email _____

2.Name _____ Relationship _____ Phone _____ Email _____

I understand that I am asking to provide volunteer services to the City, and that the City will not be responsible for any injuries that may be sustained when providing the volunteer activity. Unless the City acts in a negligent manner, I shall assume all liability for my actions, and hold the City of Maple Grove harmless from any and all claims for damages, actions, or causes of action which are in any way connected with the volunteer activities that I am doing.

I understand that I am not an employee of the City, and am a volunteer. Consequently, I understand and agree that I am not covered by the City's worker's compensation, nor any other City Plans of Benefits. Further, I understand and agree that my actions do not obligate or become the responsibility of the City of Maple Grove.

I understand that some of the information I provided on this application is considered private data and will be used only to determine volunteer placement. Refusing to provide this information may cause staff in the City of Maple Grove difficulties in determining volunteer opportunities. This information provided will only be accessible to myself, appropriate staff of the City of Maple Grove or as authorized by State Statutes.

☐ I give my consent to have my photo taken and used on the City of Maple Grove website or in the media for promotional reasons relating to the Maple Grove Tree Inventory. Such photographs may be used by the City of Maple Grove without obligation to provide compensation to those photographed.

I verify this information is correct and I understand I'm applying for a volunteer position.

Signature _____ Date _____

Parent/guardian signature if under 18 _____

Return to: Marilyn Arnlund, Tree Inspector, P.O. Box 1180, Maple Grove, MN 55311
Phone: 763-494-6091 E-mail: marnlund@maplegrovern.gov

01.20.13

Background Check Form must accompany this application